Late Probing Success for Congenital Nasolacrimal Duct Obstruction

Controversy continues to exist as to the type of treatment for cases of nasolacrimal duct obstruction that are resistant to one or two probings or in older children as a primary procedure. Both the placement of silicone tubing or balloon catheter dilation have been recommended as a substitute for probing in older children as a primary procedure under the assumption that the success rate of simple probing decreases with increasing age. However, many pediatric ophthalmologists have found late probing to be successful and less costly than either silicone tubing or balloon catheter dilation. In the article by Maheshwari in this issue, the author had a success rate greater than 97% for primary probing of older children (2 to 6 years old). It seems reasonable that a simple probing should be attempted in older children with a congenital nasolacrimal duct obstruction as the primary procedure. If the procedure is performed correctly, then the ophthalmologist should expect a high success rate.

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Editor